

MENTAL HEALTH IN TRADITIONAL CULTURE:
A Study of Preventive and Therapeutic
Folk Practices in Egypt*

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The folk culture of a polymorphic society exhibits various practices, behavioral patterns, techniques and devices which contribute to self-actualization in diverse culture settings; these may be called folkloric behavior¹ in that they are known to most members of the community, transmitted orally between and within generations while maintaining a high stability of style and content. Traditional cultures provide their members with varied patterns of folkloric behavior the social style and content of which are conducive to dissipation of guilt, anxiety, and other forms of stress.

These patterns of folkloric behavior, therapeutic as they are, are gradually disappearing as traditionary institutions are being transformed by transplanted (though hybridized) Western institutions--among which Psychiatry and mental hospitals are not least. Psychiatrically, problems of mental stress are being treated on an individualized basis by Western trained professionals and by psychotherapeutic practices in a clinical or a hospital setting. The adequacy of psychiatric, as opposed to folk, practices, with respect to the remission of stress is highly questionable.

In the following, we will concern ourselves only with those patterns of folkloric behavior in rural, nomadic, and urban sectors of Egyptian society where traditional institutions and customs dominate. Stress-reducing folk practices in traditional cultures are expressed collectively and individually. They include expressive singing, forms for vocalization of belief, dancing, story telling, riddling, using proverbs, participating in mock fights, verbal duels, religious chants, sacrilegious rituals, joking, playing folk games, and applying folk medicine. These forms are examined here to reveal and classify their preventive and therapeutic functions in the remission of mental stress.

Preventive Practices

A preventive folk practice is one that presumably makes possible a periodic expression of anxieties and an asserting of self, consequently <p. 14> dissipating stress as a regular social function. Thus, anxieties, fears, guilt and other syndromes are prevented from reaching a pathological level. In traditional cultures of Egypt these practices take 'non-sacred' as well as 'sacred' forms.

Contrary to a good deal of social thought, a major segment of the folkloric behavior is not oriented toward sacred beliefs or objects. It involves no direct appeal to the supernatural, nor does it seek to control it. Such practices may be called non-sacred. They are elicited as natural responses to common situations. One of the most frequent classes of traditional responses in the folk community is the folksong.

For example, where religion discourages self-assertion, the proclamation of self-worth, and where

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¹ 'Folkloric behavior' is a concept proposed by the present author in 1967. See Hasan M. El-Shamy, "Folkloric Behavior: A Theory for the Study of the Dynamics of Traditional Culture," unpublished doctoral dissertation, Indiana University (Bloomington, Indiana, 1967).

self-abasement is encouraged, the folksong is a recognized and legitimate channel for group recognition of self-worth. A young woman, for example, sang this song to a mixed audience of farm workers:

I am a professional girl
They have portrayed me on the coin
They have withheld tea and I am an addict.²

Coming from one who is socially placed at the bottom of the scale, legally and religiously equal to only 'half a man' and ritually the source of contamination by only the touch of her finger, such a statement of self-worth as well as the addition of the male-proper characteristics ('professional', 'addict') is indeed significant. Such songs have collective approval in situations of taboos and repressions.

Another folksong goes even beyond the mere attribution of positively evaluated esoteric traits of self; it reinterprets the entire concept of femininity in the folk community. The exoteric³ religious attitude is deliberately counterbalanced by esoteric female self-regard expressed publicly and with public approval of the folksong. A forty year-old woman sang the following song during the rest period from picking cotton. She was accompanied by three other adult females and some fifty young adolescent females and pre-adolescent children. Numerous adult males stood by:

Little turban, little turban, oh my!
[O you: pure fragrance! Oh my!]
Sheikh Mansour, Sheikh Mansour,
Below the navel there is a sparrow
And there are walled gardens <p. 15>
And in [them] there is a pulpit for the Sheikh of Islam

Here, 'Sheikh Mansour' is a folk expression [(euphemism)] for female genitals.

Anxiety about status and future life, as expressed in childhood songs, is prevalent among rural pre-adolescent females where the blockage of status and sex wants is commonly attributed to authoritarian paternal figures. Village mores disallow direct expression of such negative feelings, but in the folksong, the father becomes the approved object of hostility that is institutionally expressed without fear of punishment. Ironically, an appeal is also made to a major saint to actualize the singer's wishes.

The girl is still in her diaper
Saying to her father, 'May you get struck!'
Get me a groom in a bridal procession.
Sheikh of the Arabs, Uncle Sayyed [el-Badawî]

The girl is still in the sifter [for seventh day birth ritual]
Saying to her father, 'May a bullet hit you!'
Get me a groom at the door of the house.
Sheikh of the Arabs, Uncle Sayyed

² In colloquial Arabic the word 'kayyef' means a person who is addicted to smoking, drinking strong tea and to coffee. It also has the connotation of being an epicure of that pleasure. Such a term is ordinarily reserved for males.

³ 'Esoteric' applies to what one group thinks of itself and what it supposes others think of it. 'Exoteric' is what one group thinks of another and what it thinks that other thinks it thinks. See William Jansen, "The Esoteric-Exoteric Factor in Folklore," *Fabula: Journal of Folktale Studies*, Vol.2 (1959), pp.205-211.

The girl is saying to her father,
 'May you get a thorn in your rear,'
All the girls got married,
 While I'm still herding your goats.'
Sheikh of the Arabs, Uncle Sayyed

The following childhood rhyme expresses an erotic impulse of the younger brother towards the wife of his elder brother. It was collected from a seven year-old child in Upper Egypt. (In Arabic, the word "*Arousa*" is used to mean both doll and bride; it has been translated as bride in this song):

The boss's box, O mother,
 is full of brides [or, dolls], O mother
No one is beautiful, O mother,
 except my brother's wife, O mother
She went to swim, O mother,
 the necklace is by her side, O mother
And I want a bride, O mother,
 to dance before me, O mother
And untie my belt, mother,
 my belt is woolen, O mother
Stacked gold, O mother,
 I stacked it well, O mother
And nobody felt anything, O mother.

Another form of traditional response to situations of stress is the folk narrative, which is generally elicited under group conditions. These folk narratives are expressed in different age and sex groups and their function is, on the whole, regarded as entertainment, but the functions of these narratives, in terms of social relations, go beyond mere entertainment. Processes of social interaction are usually graphic in such tales. In the following example, the emotional stress and the concomitant wish of siblings in rivalry are clearly expressed. Symbolic violence gives vent to feelings in these socially approved forms and without creating interpersonal hostility.

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The king overhears three sisters each making promises as to what she would do if the king would marry her. Only the youngest manages to fulfill her promise when she bears him a boy and a girl. Having failed to fulfill their promises, the two older sisters steal the two children and substitute two dogs. The children are thrown away and later magically come into wealth.

When the two older sisters learn the identity of the boy and girl, they arrange for the boy to go on three fatal missions which he survives. In his last quest he brings back a talking bird, which tells the whole story to the king. The two sisters are burned alive in front of a cheering community. Having gotten rid of her rivals, the youngest sister lives happily ever after.

Here I might add that these narratives are never told with ego-detachment. From observable events during the narrations, it is evident that both the narrator and his audience are ego-involved. They often vocalize their emotional involvement. Typical comments identify heroes and villains with actual corresponding characters in their immediate environments.

Another recurrent tale goes as follows:

A king has three wives, one from the desert, one from the village, and one from town. Each wife bears him a son. The king becomes sick one day and sends his three sons after his remedy. The hero whose mother has fallen out of favor begins his journey with serious handicaps--a lame horse, rotten bread. He is kindly to his ungrateful brothers. Only he succeeds in the quest and gains wealth and honors and his mother is restored into favor. Meanwhile his brothers are banished, killed, or drastically disgraced.

This popular tale illustrates the demographic composition of Egyptian society and the dissociative processes characteristic of social interaction among these basic groups. The hero, with few exceptions, is the son of the wife who belongs to the social group of the narrator. Among the strictly endogamous Bedouins, the hero, significantly, is the son of the parallel paternal-cousin wife who has fallen out of favor. The success of her son causes her to be restored, and the unsuccessful sons are assigned as slaves to the hero. Thus, anxieties aroused by intra-group processes are publicly expressed and solved by the symbolic, but nonetheless real, elimination of the sources of stress.

Other recurrent motif-complexes include victory over foreigners, elimination of sources of parental authority, fulfillment of incestuous drives, satisfaction of food, status, sex, affiliation, and other wants. Another problem effectively handled in folktales is expression of socially disavowed desires and practices.

The following tale was narrated by an eleven year-old schoolboy in Upper Egypt:

A boy was watching his sister make bread. As she was preparing the dough, one of her hairs fell into it. He asks for a loaf of bread and finds the hair, which it takes him an hour to pull out of his mouth. He tells his sister that he wants to marry her and she becomes frightened and runs away to the top of a hill. After pleading from her father, mother, and finally her brother who promises not to marry her, she comes down from the hill. The narrator, however, ends the story with "And they got married and lived happily."

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A third channel for expressing similar impulses and securing fantasized satisfaction may be found in the riddle. A certain group of riddles recurrent among different age groups, particularly adult males, offers the fantasized fulfillment of incest impulses. The following example was presented by a 49 year-old government official. He heard it in his village in Upper Egypt during his childhood: "What is pink and rosy and between the thighs of my paternal uncle's wife?" The deceptive answer is the earthenware dough tray.

Another riddle first told by a 65 year-old retired farmer and presented by his son, himself a government official, asks: "He kept seeking his sister, and what did he put of 'his' into his 'sister's'?" The answer is: the snap and the snap hole. A third riddle goes: "What is as long as the hand and the hand is its length, goes in and out, while hair is all around?" The answer is : a comb.

As can be seen, these riddles function as stimuli to incestuous and sexual drives and provide fantasized gratifications. They are socially elicited and rewarded in folk communities but thought of as indecent and are inhibited in middle and upper urban classes.

Another segment of folkloric behavior is kinetic. Vehement motion is believed to aid the drainage of energy responsible for drive-state in the individual (cathexes).⁴ In folk cultures of Egypt, this type of

⁴ See "Exhaustion," in Horace B. English, and Ava Champney English *Psychological and Psychoanalytical Terms*, (New York,

behavior is institutionalized in the form of folk dancing which can be of various forms and functions. Among the middle classes of Egyptian city, dancing is morally disvalued and it is mostly a spectator's entertainment activity. Among lower city strata, rural and Bedouin groups, the activity is part of institutionalized modes of ritual festive behavior. Of particular significance here are communal forms of dance⁵ in which large numbers of group members participate actively. They combine vigorous activity with verbal utterances. Though styles change, verbalizations are nearly identical. Differences among these dances are simply in style rather than in function.

An example of the role of these dances in the maintenance of emotional equilibrium in society can be seen in the following examples taken from the Nubian culture area:

On the occasion of celebrating the birthday of the five grandfathers (*annoutchi*) of the Nubian nation, several *kaff* circles were formed on <p. 18> the celebration ground. Scores of young and old men participated actively in the dance while tens of children watched closely. Some women looked on from the tops of their low built houses. The activities climax into wild but highly coordinated leaps attuned to rhythmic clapping and drum beats. The emotional discharge caused by the vehement kinetic activity and accompanied by verbal activity serves to exalt self, one's own family and social group.

"I am the artist!" "I am the generous one." "We are the masters of the area." "My brother is working in Cairo." "I am from Ghirsha (village), home of the courageous." "What is wrong with my being conceited." "We are noble Arabs." All are typical utterances repeated with intense emotional involvement until another person forces himself onto the singing floor by saying, "You are an artist, but I am, too..." Some of the most common themes in these songs are generosity, courage, social prominence, having notable maternal uncles, noble Arab descent, and verbal dexterity.

A similar activity, but one with less kinetic vehemence, took place inside the shrines where women are kept in protective isolation. A young marriageable girl took the floor:

I am the daughter of the nobleman.
My brother is in Cairo.
He sends me perfumes and silk clothes.
The postman stops by our house every day.
We travel only in the 'Hungarian Train'
I am coquettish, of course, why not?
My maternal uncles are numerous.
We live in the house next to the mosque.
If you want me, come to meet my brothers.

A sixty-five year-old woman replaced a young girl on the singing floor announcing:

Dancing is not like this, young girls.
Learn how to dance from me.
I am coquettish and I have a right to be so.

Dominant themes among women, regardless of age, are beauty and coquettishness or conceit, material

McKay 1966), p. 192. For a discussion of "Psychological energy" and theory of "Dimensional Qualification," see David Rapaport, "The Structure of Psychoanalytic Theory," in *Psychology: A Study of a Science*, Vol. 3, *Formulation of the Person and the Social Context*, ed., Sigmund Koch (New York: McGraw-Hill, 1959), pp. 91-93, 125-129.

⁵ There are the Raida and the Dihiyya dances among the Arabs of the Eastern Desert, and the Haggala dance among the Arabs of the Western Desert; the Kaffafa among the social groups of Upper Egypt; and the kaff dance among the Nubians and Arabs of the extreme southern end of Egypt.

possessions, having prominent brothers or maternal uncles and other symbols of status. The rotation of the singing role permits practically every participant to state his or her worth and secure societal overt agreement. It is assumed because of their societal mode of expression these claims acquire cognitive social reality for the individual and become internalized as such.

A sizable portion of traditional practices has religious characteristics and functions. In many cases it is only this sacred nature that sets them apart from other non-sacred practices. Folksongs and dances, religious songs (*madeeh*) and dances share a great number of characteristics in form, content, and mode of presentation. Varied and numerous religious occasions usually provide conditions necessary for <p. 19> group sacred practices which we believe also have preventive mental health functions.

One of the sources of prestige in rural areas and among lower and lower middle classes in the city is sponsoring or participating in weekly *zīkr* sessions. Literally, the word *zīkr* means "mentioning (the name of God)." It is usually an evening activity in which large numbers of adult males gather in a private home or mosque for the exalting and enumerating of the names, characteristic traits and favors of God. The verbal prayers are highly stylized (poetic) and rhythmic. Participants form a circle and sway their bodies to the sides or backwards and forward, with the feet usually stationary; they are regulated to the beats of a drum-like instrument called *tār*. The whole activity starts at a slow pace, then picks up gradual vigor until it reaches frenzy. The climax of the activity is to experience temporary dissociation and "go into a trance." This is referred to as '*ingizab*'; being pulled to God, *tagally*: to witness God, or '*akhadituh il-galâlah*: to be taken by God's glory.

During this trance a group of mental activities become dissociated from the domain controlled by consciousness and reasoning faculties and functions as an autonomous behavioral unit. The activity is temporarily terminated with physical exhaustion draining the quantum of energy responsible for drive state.⁶ Exhaustion delirium, experienced in such a religious context, is responsible for the individual's experiencing of increased social worth, status, and dissipation of stress. Such transient ceremonial processes and states of benevolent possession in which the individual experiences total dissociation from his conscious self as well as from the behavioral norms of his social group become sanctioned, institutionalized, and even sought after in the *zīkr* form. Individuals passing into the trance receive social honor for having been closer to God and are regarded as privileged to possess the faculty to do so.

Women are excluded from these ceremonies because of various social and cultural considerations. Children can witness, while male pre-adolescents may be permitted to take active part. Typical utterances pivot around love, affection, beauty, compassion, self-worth for being enamored with God and other religious figures--all in a sacred context. In many culture areas the *zīkr* format occurs as part of a festive or entertainment institution. In these cases the appeal to the supernatural and the sacred nature of the whole activity are dropped. It assumes the form and function of a folk-dance.

Therapeutic Practices

Traditional cultures in Egypt recognize mental illness in its modern psychological meaning, but under different cognitive and value systems. They distinguish two types of mental disorder: one due to physiological deficiency or malfunction and the other due to "spiritual" malfunction.

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Mental disorders due to physiological malfunction are usually referred to as *khilqa*, (due to creation, i.e., God). They are largely recognized as such when they can be directly attributed to an organic cause such as birth defects or later organic injury. Apparent physiological maladies and malfunctions are treated by medical specialists ranging from village barbers to medical doctors. If symptoms still persist, then they are regarded as an act of God, and may be cured only miraculously, and they are largely left alone, i.e., the

⁶ See note 4.

community does not try to isolate cases as is true of the West. In certain cases, however, the help of the sheikh or shaman is sought.

Mental disorders due to invisible organic or spiritual factors are thought of as due to possession by supernatural spirits, usually the *Jinn*. Belief in supernatural beings, especially the *Jinn* and *ʾafareet*, is practically universal on both folk and elite levels. Their omnipresence and capabilities to interfere with human lives are given unequivocal recognition in all religious and classical philosophical doctrines, particularly in the Quran and *Hadeeth*. Though their capabilities far exceed those of humans, they nonetheless share many social characteristics. Of particular significance for us here is the fact that the *Jinn* live in communities corresponding to human ones. Typical characteristics of these communities are: social stratification, ethnic polymorphism, religious and ethical institutions, marriage and familial institutions, and political and other power institutions.

Mental and emotional malfunction, especially when preceded by a state of normalcy, are always attributed to possession by these spirits and in most cases are regarded as curable after the demands of the possessing spirit have been met or through appeals to other members of the spirit's community, particularly its superiors or adversaries.

In the process of possession we can distinguish three consecutive stages requiring corresponding degrees of treatment administered by religious specialists (sheikhs) or shamans in hierarchical sequence. At first sign or symptom of a serious emotional or mental irregularity, the aid of a religious specialist, i.e., a *sheikh*, is sought. Verses from the Quran, which are believed to have special influence over spirits, are recited, or a general type of amulet is prescribed or given, or both. Visits to saints in the local city or to supreme saints in the capital are usually prescribed. The holding of a *zīkr*, coupled with food gifts to the poor on behalf of the sick person, is usually urged. This is to win the sympathy of the saint (*nazrah*) who would, in turn, plead with God to ease the patient's plight. If symptoms still persist, then a higher specialist is consulted. Here the practice moves away, to some extent, from the pure sacred form toward the non-sacred magico-religious form. Attempts now center around controlling the supernatural deity rather than seeking the aid of the benevolent supreme deity.

Here the shaman first seeks to establish communication with the <p. 21> possessing spirit and to get it to give its reasons for possessing the person, and to stipulate its conditions for leaving the body. After these demands are established and agreed upon by both parties, agreement will have to be reached as to through which part of the body will the spirit exit. In many cases, especially in the older forms and in cases considered very serious, the amputation of a vital limb or the piercing of an eye may be necessary. However, lately, such severe measures have been dropped and most spirits finally succumb to leaving the body through a wound or the area where a toenail has been removed.

If the local shaman fails to control the spirit, then a more powerful and experienced regional or national shaman specialist or one with a different religion (Moslem-Christian) will have to be sought, usually at the recommendation of the administering shaman. The reason for the inability is that the possessing spirit belongs to a different religion or a much stronger class (*sufli*, evil or subterranean) than the minor shaman can control. Once agreement to leave the body has been reached between the shaman and the spirit, neither side can revoke it without suffering damaging consequences. If the spirit does, it could suffer punishment as severe as burning. If the patient, or more commonly and significantly, his family, does, then the patient will suffer deterioration.

The guilt-shame syndrome is the basic psychological mechanism used by the tradition directed community to attain conformity to the treatment from authority group. If they refuse to meet the conditions set by the shaman and the spirit, then they assume full personal responsibility of the consequences: shame for non-conforming and possible guilt for the patient's sufferings. Some of the most common conditions set by the spirit and agreed to by the authority groups are: The patient must do no hard labor, if any at all; wear only clean, white clothes; not be irritated or angered; be fed certain foods, usually delicacies such as chicken

and meats; be permitted to do certain things usually denied him or her, such as marrying a certain person or divorcing present spouse, etc., and usually the holding of a yearly *zîkr* or *hadra*, which is a particularly significant condition for it renews societal commitments to the "patient" and reaffirms them. Once all these conditions have been met, the "patient" calms down and gradually assumes his full role in the community, sometimes with the added prestige of being *mikhâwî* (meaning: has a supernatural companion at his command).

If the spirit refuses to depart and all means fail to entice it to do so, i.e., the patient never recovers, then the community accepts this possessed person but in a new role. He acquires the role of a spiritually favored person with supernatural powers corresponding to the nature of his supernatural possessor; or he may, with the agreement of the possessing spirit, become a shaman himself.

Basically the *zâr* is a process whose purpose is to control the demonic <p. 22> supernatural malicious interference with human lives, through patterned and highly stylized verbal, kinetic, rhythmic rituals and sacrificial offerings. Like magic, the *zâr* belongs to the sacrilegious category for it attains its purpose through anti-religious practices administered by a female shaman called a *kudya* assisted by other males and females with little or no magic role. *Zâr* processes bypass religious practices completely though they etiologically rest on and observe basic religious beliefs. Religious concepts and phrases such as the name of God (Allah) might be used occasionally, but with no instrumental implications to the attainment of the original goal of controlling the supernatural. *Zâr* originated as an exclusively female activity and is exoterically referred to as such by the male segment of society. Today, it remains predominantly so, except for a relatively few males practicing some of its recent more generalized and commercialized forms.

The *zâr* is usually the last stage in a multi-phase therapeutic treatment. Because of its sacrilegious nature, it is ideally rejected and disvalued by more conservative elements of society. However, in spite of this rejection, *zâr* cult is widely spread and widely accepted. The acceptance pattern is practically always as follows: ridiculing disbelief, reluctant tolerance, participation, and then total acceptance. The *zâr* cult is overtly accepted by women while resisted by men, especially more religious ones. The cult rests on the basic and universal belief of the omnipresence of subterranean spirits, especially *Jinn*, and their ability to interfere with people's lives or possess their bodies, thus causing mental, emotional, and physiological irregularities and abnormalities. Therefore, it is congruent with current value and belief systems and offers experiences congruent with 'self.'

Treatment begins with diagnosis of the case through studying its symptoms and reviewing its history with reference to actions that might have provoked the *Jinn*, identifying the possessing spirit, its religion, ethnic nature, and potency depending on its position in the system of social ranks in the society, and prescribing treatment in the light of the preceding investigations. Prescribing treatments includes type of sacrificial animal or bird, type of drum beat to which the *Jinn* will respond, kinetic activities, type of physical treatment and part of body where it should be applied (examples of the rubbing of the malfunctioning organ with the warm blood of the sacrificial animal or bird, a vaginal suppository amulet, etc.)

The activity reaches a climax and is temporarily terminated when the patient goes into a trance or reaches a dissociative state, for she is then in complete contact with the possessing *Jinn*, who has responded to the summoning (treatment) and is now willing to reach an agreement. Exhaustion with consequent drainage of a quantum of energy responsible for drive state accompanied by exhaustion delirium are typical ensuing states.⁷

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One of the most significant elements in this cult is that the center of the entire societal activity and concern is the "patient." Equally as significant is that all social terms (i.e., non-magical) utilized in the *zâr*

⁷ See note 4.

are those of the wedding. In traditional cultures of Egypt it can be easily observed that the individual receives social recognition and honors on three central occasions: birth, wedding, and death. The *zâr* cult makes it possible for persons suffering from status deprivation and generally females--who are normally received with much less enthusiasm at birth than are males--to experience the highly-desired honors accorded a bride.

In numerous culture areas a new form of commercialized *zîkr* or *zâr* has developed and become widely spread. There is a small admittance fee and both sexes are permitted to participate and simultaneously. Shamans who administer this form are reluctant to call it *zâr*; they are more inclined to call it *zîkr*. It differs from *zâr* in that it includes no sacrificial offerings, and that it is an appeal to the supreme deity and benevolent supernatural as much as it is an attempt to control the malevolent supernatural. Its function is therapeutic more than it is preventive.

It is important here to observe the role of legitimized sacrilegious institutions which profane religion and authority. The presence of such institutions creates a counterbalance to religion and authority which suppress, and thus create much frustration, stress, and conflict. The negation of this religious suppression is itself both preventive and therapeutic for it provides an acceptable alternative.

From the preceding description we can conclude the following with reference to traditional cultures:

- (a) What Western psychiatrists call mental illness is regarded as a normal abnormality.
- (b) It is perceived as an integral, congruent part of a cognitive constellation not as an entity separate from the rest of the personality.
- (c) Treatment of mental illness is inclusive for it encompasses familial, economic, religious, and other socio-cultural institutions.
- (d) The experiences offered by the content of folk treatment are congruent with the cognition of the "patient" as well as his "self."
- (e) Unlike Western psychiatry, folk therapeutic practices reorganize elements of the social system responsible for emotional stress, rendering them congenial to the psychological and biological needs of the "possessed," (i.e. abnormal) person. Under the pressure of shame, sin, guilt of having caused worse consequences and fear from retaliation by the supernatural, agents of social authority accept, or at least tolerate, such reorganization of social institutions.
- (f) Folk therapy accommodates the incurably mentally ill, they are assigned peculiar roles, but nonetheless functional and inherent to the socio-cultural system. The community as a whole shoulders the responsibility of their subsistence. On the other hand, treatment in a mental institution is viewed in extremely negative terms. This attitude <p. 24> is also manifested by non-folk strata of society. Once an individual receives "alien" psychiatric treatment, he is considered lost or dead. Even when discharged as "cured," the "patient" is never integrated into his previous social group and becomes the butt for ridicule and children's harassment.

Implicit in the foregoing is an important fact: that mental illness and manifestation of its symptoms are traditionally prescribed. Its appearance and continuity or discontinuity in a person are largely dependent on social approval. If the community withdraws its tacit permission for a person to be possessed, i.e., mentally ill, this person will have lost his 'right' to be treated and to behave as such. Many a case of possession was terminated by a severe punishment suggested by the community or evoking no communal protest: a local legendary example is that of the husband permanently curing his wife of possession by giving her a severe beating.

Guilt in Folk Culture

Basic personality patterns and mental and emotional conditions in a culture are drastically affected by the degree to which members are exposed to experiencing feelings of guilt and shame. Anthropologists have made numerous attempts to identify differences between guilt and shame.⁸ Designation of characteristics of each of these psychological categories would prove useful in offering some criteria as to the influence of guilt, shame, fear, or anxiety over the modal inhibitory force characteristic of a culture.

A dichotomy between external and internal sanctions has been proposed as a base for distinguishing between shame and guilt⁹--shame being a reaction to actual or anticipated sanction by members of the immediate social group, i.e., the significant other. Conversely, guilt is viewed as a negative self-evaluation with a regretful feeling arising from experiencing deviation from an internalized ethical or religious norm. As such, guilt is viewed as the basic instrumental factor in emotional or mental disorder. This particular factor fails to appear as an effective force in traditional cultures of Egypt. Consequently, guilt is hardly given the conditions to be formed and experienced by members.

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Religious creeds allow for periodic dissipation of guilt tendencies through private declaration of repentance: "God, I am penitent to you. I am regretful for what I have done and determined never to return to it again," is a standard declaration of penitence. The effectiveness of this simple process is asserted by the religious creed: "He who becomes penitent becomes like the sinless." Except for murder and disbelief, all sins are instantly redeemable.

Similarly, folk culture does not allow for drastic or prolonged experiencing of lessened personal and moral worth. In many cases folk communities invite and reward violation of taboos and moral standards, and free expression of impulses alien to the ideal ego without experiencing the negative self-evaluation arising from such deviation.

Degree of voluntariness is another criterion for distinguishing between shame and guilt.¹⁰ If a person has little or no responsibility for a personal limitation or failure, he can consequently feel no guilt thereof, but only a lesser degree of inadequacy such as shame. Shame in turn is dissipated through defense mechanisms such as projection and the externalization of its causes and consequences on a supernatural or other convenient human agent. In folksongs "time," "fate," "World," "God" and "Satan," in addition to "the censurer," and the "enemies" emerge as the only factors responsible for the inadequacy of the individual. The ego is never responsible for his own errors.

I am a splendid camel, but Time has gone against me
When Time went against me, my load tilted on my back
I carry the heavy loads and pass limping before the censurer
May God curse you, Time; treacherous and strange doings
You elevate the vile and rarely aid the noble
May God curse you, World, for you are a world of money and doings
The splendid man's luck became inclined, not upright

⁸ See, for example, Ruth Benedict, *The Chrysanthemum and the Sword: Patterns of Japanese Culture* (Boston: Houghton Mifflin, 1946); Margaret Mead, "Some Anthropological Considerations Concerning Guilt," *Feelings and Emotions*, M.L. Reymert, ed. (New York, McGraw Hill, 1950) pp. 362-373; J.W.M. Whiting, "Sorcery, Sin, and the Superego," *Nebraska Symposium on Motivation*, M.R. Jones, ed., (Lincoln, 1959) pp. 174-195.

⁹ Similar concepts are the public-private dimension proposed by H. Levine and A.L. Baldwin in "Pride and Shame in Children", *op. cit.* Jones, ed., pp. 138-173, and the contrast between inner-directed and other-directed person proposed by D. Riesman in *The Lonely Crowd*, (New Haven: Yale University Press, 1950).

¹⁰ G. Piers and M.B. Singer, *Shame and Guilt*, (Springfield, Ill.: Thomas, 1953). Similar concepts are the dichotomy between Transgression and defect proposed by Levin and Baldwin in "Pride and Shame in Children," and between Motivation and Attribute, proposed by Piers and Singer in *Shame and Guilt*.

I am a tough camel, but my ailment is the driver
Ignorant and hard-headed and doesn't know the needs of camels
'Camel drivemanship' requires a camel, how rare drivers are
God threw me to people who don't know my value
They loaded me with dirt after having carried rich loads
I've become very ill, children ridicule me
They took me to the market selling and buying me
From hand to hand, no one keeping amity on the drivers
I am a tough camel, but my ailment is the driver

Traditional cultures in Egypt, unlike modern Western institution, place responsibility within the social group as a whole. The <p. 26> sharing of responsibility is promoted by both ideal and real cultures, as well as by classical and folk doctrines. It is represented in concepts such as the "Nation of Believers," and "coming from the same locality," in practices such as those instigated by the religious creed "He who lives forty days among a people becomes one of them" and by the proverb "The Prophet endorsed as far as the seventh neighbor."

These constitute basic factors in social organization and the formation of social groups, enduring (community), as well as spontaneous and temporary. For example, simple instantaneous companionship and the sharing of "bread and salt" will impose responsibilities of friendship, which are intrinsically binding. Failure to observe these obligations is regarded as an act of "betrayal."

Folk cultures of Egypt are characterized by the importance they attach to social activities associated with death, sickness, and other similar plights. Psychologist Stanley Schachter has shown the significance of the role played by the manifestation of concern and the sharing of responsibility at times of plight in social groups. His conclusion shows that under conditions of high anxiety, the affiliation want tends to be directed toward the role of being with other persons who face the same anxiety-invoking situation: "Misery doesn't enjoy just any kind of company, it loves only miserable company...It would seem that...the satisfaction [of wants aroused by anxiety] demands the presence of others in a similar situation."¹¹ This need is always met in folk communities through ethical obligation to participate actively in the plight of the afflicted person through laments and other forms of manifestation of concern and involvement. This practice, which undoubtedly plays a significant role in the reduction of stress, is becoming increasingly obsolete in modern societies.

The sense of shared responsibilities is not limited only to individuals and social spheres; it transcends them into the supernatural. Both the individual as well as the group believe that they are controlled by a supernatural power directly responsible for all acts of individuals, social groups, as well as natural occurrences in the environment. This attitude rests on the belief in the complete vulnerability of all men and things to acts of fate. God is apt to put anyone to the severe test (as exemplified by the Legend of Job). Satan will succeed in misleading any person no matter how pious. "Fate," "Time," and "The World," are liable to crush any individual, no matter how powerful. In all these cases, the subject for the mishap is viewed by members of his social group, no matter how casual or temporary this group might be, as an object for testing by supernatural power and therefore not to be held responsible for his own failures. "It is written on the forehead and must be witnessed by the eye,"--all are typical responses to a mishap even if it were clearly attributable to a personal error or inadequacy. A fatal <p. 27> mistake made by a car mechanic due to inadequate welding of a vital part of a car was rationalized by him as, "Only God can protect," "At the moment of fate, vision will be blinded," and "We have nothing in our hands." All of these are proverbial phrases, which can be considered self-sufficient explanations and evidence of the adequacy of his own

¹¹ Stanley Schachter, *The Psychology of Affiliation* (Stanford: Stanford University Press, 1959).

efforts. He therefore experiences no guilt or even shame, especially since his immediate social group, represented in fellow mechanics, i.e., a significant others, accepted his rationalization readily, for this is a part of the traditional belief and value systems.

Thus it can be argued that the locus of necessary conditions for the formation of the sense of guilt and guilt syndromes does not usually crystallize in folk communities. Lesser forms of stress replace guilt as consequences of guilt prone experience. These are, in turn, successfully dissipated through folk cultural and social institutions and processes. The effect of stress upon the individual is therefore minimal.

"Scientific Psychiatry" versus Folk Treatment

The terms "development" and "westernization" are used to denote progress with reference to developing nations. Progress or development means the acquisition of western type institutions, i.e., industry, *Gesellschaft*, secular education, associations, and other forms of individualized modes of Western living. The process of westernization began in Egypt with Napoleon's invasion in 1798. It was in full power during the first period of Mohammed Ali's reign, with the decline of his empire, it lost vigor. Westernization remained relatively effective in large cities and among certain middle and upper class strata. In the majority of cases, the adoption of one western type institution did not lead to the adoption of another collateral aspect of it, i.e., the adoption of mass production technique without the adoption of the ethics of capitalism.

One of the western institutions recently borrowed and super imposed upon the western Egyptian scene is client-centered psychotherapy. The 1956 *Bylaw* formalizing psychotherapy in Egypt states that "advanced nations have come to regard mental illness seriously as one of the most serious factors causing the destruction of the powers and morale of a nation." The *Bylaw* further states that its terms are in agreement with psychotherapeutic practices abroad. This imposition occurred before psychotherapy had become fully developed and accepted as a remedial institution among the majority of the population.

In his account of "Psychiatry in Egypt," (late 1950s) M.K. Barakat, one of the founders of Egyptian psychiatry proposed the following five point plan to introduce psychiatry to the populace: One, increase the number of mental hospitals; two, introduce social workers in mental hospitals; three, separate the emotionally disturbed from the mentally <p. 28> ill; four, introduce education about mental health; and five, plan preventive measures.¹²

Of particular importance here is his fourth point, which advocates fighting wrong traditions such as "evil eye," belief in *Jinn* and other supernatural creatures, witchcraft, *zâr*, amulets, and visitations to saints, as well as drug addiction and alcoholism. It is apparent that he equates belief in the *Jinn* and the power of saints, which are religiously sanctioned with alcoholism, and drug addiction which are religiously disvalued. He also proposes "...working towards eliminating the sense of shame due to mental illness in the family, for it frequently leads to the imprisonment of the patient, keeping his case a secret and considering sending him to a hospital a great scandal."¹³

The conflict can be seen between psycho-therapeutic western institutions opposing powerful religious beliefs and clients whose self concepts are congruent with these dominant religious and moral institutions. When incongruence¹⁴ between self and experience exists and the individual is unaware of it, he is potentially vulnerable to anxiety, threat, and disorganization. This characteristic is widespread among the middle and educated class.

Massive rural migration and rapid institutional transformation¹⁵ create conditions conducive to

¹² M.K. Barakat, *Al-'Ailag Al-Nafsi (Psychiatry)* (Cairo, n.d.)

¹³ *ibid.*, p. 209.

¹⁴ See Carl R. Rogers "A Theory of Therapy, Personality, and Interpersonal Relationship, as Developed in the Client-centered Framework." in Koch, ed., op. cit., pp. 184-256. See pp. 203-204.

¹⁵ Some cases are mentioned in A.A. El-Koussy, "Social and Cultural Changes in Egypt and their Implication for Mental Health," (Arabic) *Egyptian Yearbook of Psychology*, Vol. I (1954) pp. 59-72.

vulnerability. In their efforts to maintain equilibrium, migrants to the city resort to traditional devices and processes. The weekly urban *zâr* and *zîkr* ceremonies, attended by members of urban lower middle and lower strata, the folk dances held on holidays by sub-culture groups, folk narrative sessions, are testimonials to the efforts to seek congruence between the self developed under traditional culture and the new urban experience lacking in traditional values and providing no acceptable substitute. For rural cultures and for urban folk groups from rural cultures, Western psychiatry is no solution for mental distress. Folk practices regularly remit them where psychiatry fails to do so. The difference lies primarily in the fact that Western psychiatry is individually oriented, whereas, folk medicine as discussed here is based upon the mores and the practices of shared responsibility for individual conduct.

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